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(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	RWJ 05-68
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Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	University of Medicine and Dentistry of New Jersey, Office of Patents and Licensing		
Signature			
Printed name	Barbara V. Maurer		
Date	January 30, 2006	Reg. No.	31,278

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Felicia L. Tillman	Date	January 30, 2006

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FEB 02 2006

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/763931
Filing Date	1/23/2004
First Named Inventor	Nady E. Nady
Title	Device for Retracting Body Skin Fol
Art Unit	3732
Examiner Name	Comstock, David C.
Attorney Docket Number	RWJ 05-68

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

33348

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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The address associated with Customer Number:

OR

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Nady E. Nady</i>	Date	1/19/06
Name	Nady E. Nady	Telephone	732-235-6631
Title and Company	University of Medicine and Dentistry of New Jersey		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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